

Volunteer & Internship Application

"How wonderful it is that nobody need wait a single moment before starting to improve the world."

Anne Frank, writer

ACCESS is a harbor for all whom have experienced domestic and sexual violence, providing a safe environment for empowerment and exploration of personal strengths. ACCESS advocates for social change, partnering with other agencies to deliver education and professional training to end domestic and sexual violence.



Application for Volunteer Service

| Name | | | | | Today's Date | |
|-----------------------------|-----------------------|-----------------------|--------------|--------------|--------------|-----|
| Last | First | | | Middle | | |
| Address | | | | | | |
| <u> </u> | Street | | City | | State | Zip |
| Preferred Phone Numb | er | | _ E-mail_ | | | |
| Are you 18 years of age | or older? | \Box Yes | $\square No$ | Date of I | Birth | |
| Current Status: | | | | | | |
| High School Stu | dent | Se | chool: | | | |
| College/Univer: | sity Student | M | ajor/Min | or: | | |
| Community Res | ident | | | | | |
| Community Gro | ир | Or | ganizatio | n Name: | | |
| Other | | | | | | |
| How did you hear abou | t ACCESS volu | nteer op _l | portunitie | es? | | |
| Prior Experience: | | | | | | |
| What Certifications do | you hold? | | | | | |
| Volunteer/Community | <u>Involvement</u> | | | | | |
| Organization | Role/Responsibilities | | | Length of Ti | те | |
| <u>Employment Informati</u> | <u>on</u> | | | | | |
| Employer | Role/Res | ponsibili | ties | | Length of Ti | те |
| | | | , , | | our agency | |

Volunteer Opportunities

| Please | check the | area(s) 11 | ou are intere | octod in l | hecomina | involved | with |
|--------|-----------|------------|---------------|------------|-----------|----------|--------|
| rieuse | check the | ureu(s) y | ju are imer | esteu in t | reconting | moowea | wiiii. |

| *Volunteer Advocates/Crisis Counselors- Provide support to survivors of Domestic Violence & Sexual Assault. Advocates are accountable for answering the crisis line and working with in-shelter clients. Candidates will express empathy skills. *Youth and Family Program Volunteers-Assist Child & Youth Advocates in programming related to children's group and community awareness. Advocate for children during activities. *Outreach Advocates (Greene/Boone County) — This is an opportunity to explore the court system, advocate for clients, work with law enforcement, and be a part of the coalition by working in the community including: youth & education programs. *Internship- Gain experience working directly in the field of Human Sciences. The most appropriate majors include; HD FS, Psychology, Criminal Justice, Women's Studies, and Sociology, All are welcome! No Training Requirements Facilities — This includes shelter upkeep, outdoor landscaping, cleaning, restocking supplies, and helping with non-labor intensive maintenance (painting). Donations Coordinator- Sort donations. Supply Drive- Organize a community drive based on agency needs. Promotional Awareness- Distribute flyers for training, awareness events, and support groups. Adopt-A-Room Program- Refresh a client space around the shelter. This volunteer program requires financial commitment and a flexible schedule. **CCESS* reserves the right to suspend or terminate a volunteer if the person's beliefs or actionen't aligned with our mission statement and/or philosophy. y signing I acknowledge my understanding of the above statement and spectations for volunteer services | | Signature Date |
|---|-------|--|
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| * Require Training 32-nour DV/SA (Trainings are neta January, May, & September) | | Domestic Violence & Sexual Assault. Advocates are accountable for answering the crisis |
| *B | *Requ | tire Training 32-hour DV/SA (Trainings are held January, May, & September) |

Questions

| 1) | Why do you want to become a volunteer with ACCESS? |
|--------------------|--|
| | |
| | |
| | |
| 2) | Discuss strengths and/or skills that you would use as a volunteer. |
| | |
| | |
| 3) | What are your expectations as a volunteer at ACCESS? How will volunteering with |
| 3) | ACCESS benefit you? |
| | |
| | |
| 4) | What experience do you have relevant to providing crisis services? |
| | |
| | |
| | |
| | |
| | References |
| lease li ermiss | list the names of three people, not related to you, whom you have known at least one year. I give sion for ACCESS to contact the following references. |
| Тате | Phone Relationship |
| | |

| Cor | nfidentiality | Agreement | |
|---|---|---|--|
| I understant that its trainees/volunteers adhere to that any stories I hear about victims, discuss these stories with anyone other. | o a strict code of confic /survivors of sexual as | sault or domestic are confide | nteer, I understand ential. I will not |
| I am aware that other ACCESS staff training or during my time with ACC in this training and during my time voconfidential. | CESS. I may also be giv | ven confidential information | by those presenting |
| I am also aware that this confidentia to this confidentiality agreement. Fu leave training or discontinue any cor certified advocate. I have read and u | urther, I understand that act with ACCESS as a | at failure to do so may result a volunteer advocate, and for | t in being asked to feit my status as a |
| Signature | Plea | ase Print | Date |
| Authorization to | Conduct Cri | minal Backgrou | nd Check |
| As an applicant to work as a voluntee enforcement to conduct a backgroun volunteer in this program. I underst conducted solely for the purpose of prices of ACCESS and all informat and Board of Directors will have access | nd investigation to deter and that the backgrou protecting and prevent ion obtained in this ch ess to this as needed. | ermine my qualification to pa nd investigation I am author ing any harm to anyone who eck will be treated as confide | articipate as a rizing will be may require the ential. ACCESS staff |
| Applicant: | | : | |
| Address: | G'1 | QL I | 7' 0 1 |
| Address: Street Phone: (h | ome) | (work/cell) | Zip Code |
| By signing this application, I acknow permission for this record check. | vledge that the above in | nformation is correct, comple | ete, and grant |
| Authorization Signature: Date: | | | |

Contact Information:

ACCESS (Assault Care Center Extending Shelter & Support)
P.O. Box 1429
Ames, IA 50014

515.292.0500 Business Line 515.292.0505 FAX

Assaultcarecenter.org Become a friend on Facebook Or Follow us on Twitter